



PERMIT APPLICATION  
PART V

APPLICATION FOR REPIPE, PIPING UPGRADE OR PIPE REPAIR OF AN EXISTING TANK FACILITY  
BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER -Call (916) 324-2300 for information

TY (TK) HQ

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NOTE: Application will be disapproved without this information

A. TOTAL NUMBER OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED \_\_\_\_\_

B. DESCRIPTION OF TANKS WHERE PIPING IS TO BE REPIPED, REPAIRED OR UPGRADED

TANK NO.	TANK CAPACITY	PRODUCT TYPE	COMPOSITION

CHECK BELOW WHAT PIPING IS TO BE REPLACED, REPAIRED OR UPGRADED.

	PRODUCT	VAPOR	VENT	FILL LINES
TANK NO. 1				
TANK NO. 2				
TANK NO. 3				
TANK NO. 4				

C. REASON FOR TANKS TO BE REPIPED/REPAIRED/UPGRADED:

- ☐ Upgrade to meet current state/federal requirements  
☐ Piping system failure  
☐ Other, briefly describe \_\_\_\_\_

D. PIPING MATERIALS AND CONSTRUCTION:

Primary Containment \_\_\_\_\_ Manufacturer/model \_\_\_\_\_  
Secondary Containment \_\_\_\_\_ Manufacturer/model \_\_\_\_\_  
Dispenser Containment \_\_\_\_\_ Manufacturer/model \_\_\_\_\_

E. TYPE OF PRODUCT DELIVERY/FILL SYSTEM:

- ☐ Pressurized ☐ Suction ☐ Gravity ☐ Direct Fill ☐ Manifolded System

F. PIPING LEAK DETECTION/MONITORING SYSTEM:

- ☐ Leak detector on pressurized line: Manufacturer \_\_\_\_\_  
☐ Continuous monitoring device within the secondary containment: Manufacturer \_\_\_\_\_  
☐ Leak detector on pressurized line (must shut down pump and activate alarm) (pressurized lines only)  
☐ Continuous monitoring device shuts down pump and activates alarm (pressurized lines only)

G. DISPENSER CONTAINMENT MONITORING: (at a minimum must shut down dispenser)

- ☐ Mechanical monitoring  
☐ Electronic monitoring \_\_\_\_\_ Model \_\_\_\_\_

**H. TANK OVERFILL PREVENTION:**

Catchment Basin surrounding the product fill pipe:

Manufacturer \_\_\_\_\_

-AND-

- ☐ Product Level Sensing Device with High Level Alarm and Ball Float Valves

Manufacturer \_\_\_\_\_

-OR-

- ☐ Positive shutoff device in fill pipe at 95% full

Manufacturer \_\_\_\_\_

-OR-

- ☐ Secondary containment for vent, vapor, and tank riser piping with Ball Float Valves or Product Level Sensing Device with High Level Alarm

Manufacturer \_\_\_\_\_

**I. PIPING UPGRADE REQUIREMENT:**

- ☐ Cathodic protection for all product piping in direct contact with backfill material, including turbine, flex connectors and all other appurtenances containing product
- ☐ Secondary containment of all product piping including turbines, dispenser piping, and all other appurtenances containing product

**J. PROPOSED METHOD OF PIPE CLOSURE:** ☐ REMOVAL ☐ CLOSURE IN PLACE

**SAMPLING PROTOCOL** Tank owner/authorized representative responsible for all sampling analyses and associated costs.

- For piping that is to be removed, the trenching shall be exposed prior to the scheduled inspection, sampling points will be identified by the DEH inspector and samples taken every 20 feet.
- Piping to be closed in place may be considered only if the removal might damage structures. Submit an alternate plan which must include soil sampling.

**K. ATTACH THREE COPIES OF PLANS SHOWING THE FOLLOWING (Must be drawn to scale):**

1. Location of existing and proposed structures.
2. Location of all existing underground tanks and piping. (Indicate what piping is to be closed in place or by removal)
3. Location of new piping, secondary containment, leak detection, and overfill prevention.
4. Cross section of piping, tank sumps, dispenser containment.

**L. REQUIRED INSPECTIONS-PIPING REPAIR/REPLACEMENT/PIPING UPGRADE:**

EACH PIPING REPAIR/REPLACEMENT AND/OR PIPING UPGRADE MUST BE INSPECTED BY DEH. THREE INSPECTIONS MAY BE REQUIRED.

**1. FIRST INSPECTION:**

- Piping to be closed by removal. Trenching shall be exposed prior to the scheduled inspection and sampling points identified by the DEH inspector.
- Piping to be closed in place. Piping shall be capped and drained and per alternate approved plan, samples collected by the DEH inspector.

**2. SECOND INSPECTION:**

- Pressure test of all piping repaired, replaced, or upgraded - verification of cathodic protection.

**3. THIRD INSPECTION:**

- Verification of leak detection devices/secondary containment.

**M. DECLARATION**

I declare that to the best of my knowledge and belief the statements and information provided are correct and true. I understand that information in addition to that provided above may be needed in order to obtain a permit from the Department of Environmental Health (DEH).

I understand that any changes in design, materials, or equipment will void my permit to construct if prior approval is not obtained.

I understand that tests and procedures that may be required by other departments and agencies to demonstrate adequate site safety or suitability for further development (e.g. soil compaction testing) are in addition to the requirements of the Department of Environmental Health (DEH).

I will notify the Department of Environmental Health (DEH) at least two working days (48 hours) before work is to begin in order to schedule the required inspection. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that the responsibility is not shared or assumed by the County of San Diego.

SIGNATURE & TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TELEPHONE (     ) \_\_\_\_\_ DATE \_\_\_\_\_